## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

.

WED	RECEIVED	host	Prime &	6	Signature of Filer	15,2021	DECOMBER	Date
	RSA 15-A:9 Penalty. Any		e best of my knowledg ent shall be guilty of a	omplete to the false stateme	ng information is true and co s chapter or knowingly files a	ar or affirm that the foregoi / with the provisions of thi	I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeano	l ha per
	18. Optional: Specify any other area in which you have a special interest —	special interest	18. Optional; Sp special	Interest and Dividends Tax	×   ¬	Profits Tax	16. Agriculture taxes:	¬
	15. Water Resources	☐ 15. Water	14. Education	r legal forms	13. Horse or dog racing, or other legal forms of gambling		Utilities Commission	¬
	T 11. Practice of law	tribution of alcoholic	10. Sale and distribution beverages		9. Restaurants/	ent program	System   T	ĺΠ
	6. State of New Hampshire, county, or municipal employment	6. State of New Hamps municipal employment	5. Banking or financial ervices	5. Bankii services	4. Real Estate, including brokers, agent, developers, and landlords	Г	2. Health Care 73, Insurance	[ ¬"
			Listeach such	v Hampshire	Any profession, occupation, or business licensed or certified by the State of New Hampshire. Listeach such fession, occupation, or category of business:	ion, or business <u>licensed or</u> tegory of business:	<ol> <li>Any profession, occupation, or business lice profession, occupation, or category of business:</li> </ol>	7
	ccupations, groups, or matters. A person has a ot to award a contract, grant a license or permit, roup, or matter would potentially have a greater	ions, groups, or n ward a contract, o or matter would p	s, professions, occupat on whether or not to a n, occupation, group, c	ng businesses rule, a decision ess, profession	interest in any of the following a change in administrative w, a change in administrative and feeting the listed busing general public:	mily member has a special on this list if a change in law ther decision by governmenter than it would on the	8. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:	R. li repo disc
	ESF	not qualify	My income does not qualify	ent.	next to the following statem	ate by writing your initials	If you have no qualifying income indicate by writing your initials next to the following statement.	If yo
								2
enter® 5000	director, associate, partner, rived during the preceding saary.)	nember was an officer, directors of \$10,000 was derived diditional sheets as necessary.)	ou or a family membe y income in excess of included. / Use addition	on in which yom which any which any relits shall be i	he name, address, and type of any profession, business, or other organization in which you or a family nemployee, or served in any other professional or advisory capacity, and from which any income in exceptives of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use a	type of any profession, be any other professional cenefits other than federal re	A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	A. I proj cale
			5			vith state or county NO ACRONYMS	Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Nan dire gov
	603-464-9952	Work Phone	Wor		e-mail none	<u>à</u> ]	Primary Occupation   Refired	Prin
4.0326	PittsAbeld N.H. 0326	Road 1	62 Colony R		Work Address	S. Forst	Full Name Elaine	Full
	Commission of the commission o		48 AP	į			Type or Print Clearly	Typ

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE